(AIIMS) is an Institute constituted by All India Institute of Medical Sciences, Act, 1956. The Act, Rules and Regulations framed thereunder clearly stipulate the power and responsibility of various functionaries. The Institute Body, Governing Body, President of the Institute and Director are required to function within the powers as envisaged under Act, Rules and Regulations. President, AIIMS, has taken action against the Doctors of AIIMS within his delegated power. However, the action taken by the Director, AIIMS, is not in consonance with the Provisions of Act, Rules and Regulations made thereunder.

(c) The Report of the Valiathan Committee is still under consideration of the Government.

National Urban Health Mission

59. SHRIMATI N. P. DURGA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that his Ministry is coming up with National Urban Health Mission on the lines of NRHM;

(b) if so, the aims and objectives of NUHM;

(c) whether any cities/towns identified under NUHM on a pilot basis; and

(d) if so, the details of cities/towns identified in the State of Andhra Pradesh under NUHM?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) Yes, Sir.

(b) To address the health concerns of urban poor specially those residing in slums of towns/ cities with population of 1 lakh and above.

(c) No, Sir.

(d) Does not arise.

Communicable diseases

60. SHRI O.T. LEPCHA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of people suffering from dengue/AIDS/TB, etc. in different States of the country, State-wise;

(b) the steps taken by Government for the prevention of such diseases;

(c) whether Government have formulated any policy in the country in this regard; and

(d) if so, the details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) The details of cases of dengue, AIDS, TB and Leprosy in the country is given in Statement-I (*See* below).

(b) to (d) Details are enclosed as Statement-II enclosed.

Statement-I

State-wise cases of Dengue, Aids, TB and Leprosy

Sl. No.	State/UT	Dengue (from 1.1.07 to 2.11.07)	AIDS (Consolidated from 1991-Oct. 2007)	TB (Total patients registered for treatment (up to June 2007)	Leprosy (April-September, 2007)
1	2	3	4	5	6
1.	Andaman & Nicobar	0	40	399	11
2.	Andhra Pradesh	369	35810	55397	5153
3.	Arunachal Pradesh	0	13	1499	30
4.	Assam	0	372	18481	697
5.	Bihar	0	155	40885	10678
6.	Chandigarh	36	2862	1203	103
7.	Chhattisgarh	0	71	14039	3889
8.	D & N Haveli	0	0	214	78
9.	Daman & Diu	0	1	162	2
10.	Delhi	405	4342	26897	1751
11.	Goa	25	750	1006	95
12.	Gujarat	433	8902	41023	3640
13.	Haryana	214	929	18755	158
14.	Himachal Pradesh	0	369	7441	134
15.	Jammu & Kashmir	0	196	6646	97
16.	Jharkhand	0	676	18120	4279
17.	Karnataka	182	4345	34026	2529
18.	Kerala	603	1769	12686	371
19.	Lakshadweep	0	0	5	0
20.	Madhya Pradesh	41	2310	39742	2885
21.	Maharashtra	448	52550	72763	6368
22.	Manipur	0	3237	2462	34
23.	Meghalaya	0	27	2389	4
24.	Mizoram	0	133	1094	17
25.	Nagaland	0	1186	1586	31
26.	Orissa	4	902	25532	2645
27.	Puducherry	152	302	690	22
28.	Punjab	1	669	18854	468

1	2	3	4	5	6
29.	Rajasthan	342	2207	57156	652
30.	Sikkim	0	24	825	12
31.	Tamil Nadu	264	63517	44227	3263
32.	Tripura	0	5	1303	43
33.	Uttar Pradesh	95	2595	123307	17027
34.	Uttarakhand	0	79	7192	419
35.	West Bengal	69	2500	56533	6766
	GRAND TOTAL	3683	194697	754539	74351

Statement-II

Details of steps taken by Government for the prevention of DENGUE, AIDS, TB And Leprosy

In respect of **Dengue,** Government of India has prepared a Long Term Action Plan for prevention and control the disease in the country and sent to the States for implementation. 110 Sentinel Surveillance Hospitals (SSHs) have been identified in the country for proactive surveillance. These Sentinel Surveillance Hospitals are linked with 13 Apex Referral Laboratories for Quality Assurance, capacity building and backup support. Microbiologists and laboratory technicians of the SSHs have been trained on sero-diagnosis at Apex Referral Laboratories. NIV, Pune has been entrusted to supply IgM ELISA test kits for diagnosis of Dengue to the identified institutes. Guidelines for clinical management of Dengue/DHF cases have been sent to the States for wider circulation. Adulticides and larvicides as per technical requirement of States are being supplied. Advisories are issued from time to time. Periodic review is done to monitor the status at higher level. Central teams are sent for investigation of outbreak and to provide technical guidance to the States.

In respect of **AIDS,** Government of India is implementing the National AIDS Control Programme as a 100% Centrally sponsored scheme. The strategy is based primarily on preventing new infections by focused interventions among high risk groups and also providing care, support and treatment to HIV infected persons. For increasing awareness about and creating demand generation for services, emphasis is placed on IEC through mass media channels and inter-personal communications. Government of India has launched National AIDS Control Programme phase III with the goal to halt and reverse the epidemic in the country over the next 5 years by integrating programmes for prevention, care, support and treatment. This will be achieved through a four-pronged strategy:

(i) Prevention of new infections in high risk groups and general population.

(ii) Providing greater care, support and treatment to larger number of PLHA.

(iii) Strengthening the infrastructure, systems and human resources in prevention, care, support and treatment programmes at the District, State and National level.

(iv) Strengthening the nationwide Strategic Information Management System.

In respect of **Leprosy,** Government of India is implementing the National Leprosy Eradication Programme since year 1983-1984 with the aim to eliminate leprosy as a public health problem at National level. The country achieved elimination in December, 2005. For prevention & control of the disease, the following steps are being followed:

- Integration of NLEP services with the General Health Care system.
- Capacity building of primary health care functionaries in management of leprosy cases.
- Timely diagnosis & prompt treatment with Multi Drug Theraphy (MDT).
- Intensified Information, Education & Communication (IEC) using Local and Mass Media.
- Prevention of Disability & Medical Rehabilitation.
- Monitoring & Evaluation through Management Information System and Independent Evaluation.

In respect of **TB,** the Revised National TB Control Programme (RNTCP) widely known as DOTS, which is WHO recommended strategy, is being implemented as a 100% Centrally Sponsored Scheme from 1997 in the country in a phased manner with an objective to achieve cure rate of 85% of new sputum positive cases and to detect at least 70% of such cases. By March 23, 2006, all the districts in the country are implementing RNTCP, allowing access of DOTS to all TB patients in the country. Under the programme, diagnosis and treatment facilities including a supply of anti TB drugs are provided free of cost to all TB patients. For quality diagnosis, designated microscopy centres have been established for every one lac population in the normal areas and for every 50,000 population in the tribal, hilly and difficult areas. Sputum microscopy instead of X-ray avoids over diagnosis and identified infectious cases. More than 12250 microscopy centres have been established in the country. Drugs are provided to the TB patients in patient wise boxes to ensure that all durgs for full course of treatment are earmarked the day one a patient is registered for treatment under the programme. Treatment centres (DOT centres) have been established near to residence of patients to the extent possible. All Government hospitals, Community Health Centres (CHC), Primary Health Centres (PHCs), Sub-centres are DOT Centres, in addition, NGOs, Private Practitioners (PPs) involved under the RNTCP, Community Volunteers, Anganwadi workers, Women Self Groups etc. also function as DOT Providers/DOT Centres. Drugs are provided under direct observation and the patients are monitored so that they complete their treatment.

To improve quality of services, full requirement of Anti-TB drugs and Binocular Microscopes are supplied by the Centre to the States as commodity grant. For undertaking various activities for implementation of RNTCP in the State, funds as grants-in-aid are provided by the Centre to the State Health Societies for onward transmission to Districts. State TB Cells and District TB Centres have been strengthened by providing key personnel on contract basis and necessary infrastructure such as four wheelers, two wheelers, fax machine, photocopier, computer and internet facilities. All the State TB Cells and District TB Centres of the country are connected electronically and reports are received through internet. For supervision of microscopy centres and DOT centres, at the sub-district level a TB Units (TUs) have been set up at sub-district level for every five lakh population (for 2.5 lakh people in tribal and hilly areas). At the TU level one Senior Treatment Supervisor (STS) and one Senior Tuberculosis Laboratory Supervisor (STLS) have been provided on contractual basis who work under designated Medical Officer TB Control (MOTC) responsible for all TB control activities at sub-district level.

To make the programme more accessible to larger segments of the population, and to supplement the Government efforts in this direction, emphasis is being given to also involve medical colleges, all general hospitals, Corporate hospitals, private practitioners and NGOs in the programme.

A treatment success rate of more than 85% has been reported under the revised strategy which means that more than 8 out of every 10 patients put on treatment under the revised strategy are being successfully treated as against below 4 in the earlier Programme. Till date, the RNTCP has placed more than 78 lac patients on treatment.

Scarcity of medicines in the RML Hospital

61. SHRI RAJ NATH SINGH: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that patients in Government hospitals do not get medicines properly, particularly in Dr. R.M.L. Hospital;

(b) if so, the reasons therefor and whether Government propose to appoint a pharmacist in each ward of the hospital to ensure availability of medicines;

(c) whether Government are aware that pharmacist of the hospital sells medicines to the open market; and

(d) if so, by when pharmacists would be appointed in each ward and the action being taken against those pharmacists selling costly medicines in the market?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (d) In so far as Dr. RML Hospital in concerned, essential medicines are distributed free of cost to all the patients is OPD and indoor patients. The hospital ensures that all life saving medicines are available all time in hospital store. In case of an emergency the store makes a local purchase of the medicines based on demand. The Medical Superintendent reviews the availability of medicines every Tuesday with the users, store and purchase sections and issues necessary instructions. There is no proposal to appoint a pharmacist in each ward of the hospital. Further, no case of selling medicines in open market by the pharmacists of RML Hospital has been reported.

Revamping of CGHS

62. SHRI SHANTARAM LAXMAN NAIK: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the Central Government Health Scheme has been revamped;

(b) if so, the changes, if any, brought about in the scheme;

(c) whether any new agreements/MoUs signed private hospitals in this regard;

(d) if so, the details of such MoUs/agreements, etc.; and

(e) the details regarding projected improvements in the scheme and its implementation?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) to (e) Revamping of Central Government Health Scheme is an ongoing process. The changes brought about in the scheme are broadly computerisation of dispensaries, formation of Local Advisory Committee and delegation of Financial power to Zonal Additional Directors for quick settlement of medical reimbursement claims etc.

Fresh empanelment of private hospitals and diagnostic centres was taken up to have competitive rates for various procedures and services, as also directed by the Hon'ble High